

IDAHO STATE BOARD OF SOCIAL WORK EXAMINERS
BUREAU OF OCCUPATIONAL LICENSES
1109 Main Street, Suite 220
Boise, Idaho 83702-5642
swo@ibol.state.id.us

INDEPENDENT LEVEL SOCIAL WORK APPLICATION
Instructions

Idaho law requires licensed Social Workers to obtain Board approval in order to pursue the Independent Practice of Social Work in Idaho. (Section 54-3207, Idaho Code and Social Work Rule 201)

All applicants must meet the following requirements:

- 1) Possess an Idaho Bachelor or Masters level Social Work license.
- 2) Completion of a minimum of 3,000 hours of supervised experience in no less than 2 years that includes 100 hours of direct supervision.
- 3) Supervisors must hold a degree in social work and a current license in good standing. Supervision of those pursuing licensure as clinical level independent practitioners must be provided by a licensed clinical social worker, a licensed clinical psychologist, or a person licensed to practice medicine and surgery who practices in the area of psychiatry.
- 3) Completed supervision report forms must be submitted with this application.

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INDEPENDENT LEVEL SOCIAL WORK APPLICATION

I hereby make application for an Independent Level Social Worker License.

1. **Full Name** (Mr., Mrs., or Ms.) _____
2. **Mailing address** _____
Street/PO Box City State Zip
3. **Business address** _____
Street/PO Box City State Zip
4. **Date of Birth** ____/____/____ **Social Security No.** ____/____/____ **License #** ____
mm dd yyyy
5. **Daytime phone** (____) _____ **Fax** (____) _____ **E-mail** _____
6. **Are you currently or have you ever been licensed in any other state(s)?** [] Yes [] No
(If Yes, official certification of licensure must be received by this office directly from the issuing authority before your application will be processed. Enter the state(s) and your license number(s) here _____)
7. **Have you ever had a license, or registration revoked, suspended or otherwise sanctioned?** [] Yes [] No
(“Sanction” includes any voluntary or involuntary action that limits, restricts, or conditions lawful professional practice. If Yes, a copy of the charges and the final order must be received before your application will be processed.)
8. **Have you ever been convicted of any felony or offense involving moral turpitude?** [] Yes [] No
(If Yes, a detailed statement, a summary of the charges, the final order, any probation or parole documentation, and any other relevant information must be received before your application will be processed.)

AFFIDAVIT

I hereby certify that the responses provided above and those attached to this application are true and accurate to the best of my knowledge and belief. I further certify that I am of good moral character and that I have reviewed and will comply with the Idaho Laws and Rules, including the Code of Professional Conduct, governing the practice of Social Work.

I hereby authorize and direct any person, agency, firm, or other entity to release, upon the request of the Bureau of Occupational Licenses or it's authorized representative, any information, communication, report, record, statement, recommendation, or disclosure that may have bearing on my eligibility for or maintenance of the license for which I am applying. I understand that by signing this form I am authorizing the release of information about me that may otherwise be protected or confidential.

Applicant signature

State of _____, County of _____, ss.
Subscribed and sworn before me this _____ day of _____, 20 _____.

(seal)

Notary Public official signature
my commission expires _____